PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/594,235

									. / - ,			
CLAIMS AS FILED - PART I								SMALL ENTI	TY	OR	OTHER T	
	NATIONAL C	TACE FEES	(Column	1)	(C	olumn 2)	ſ	RATE	FEE	ſ	RATE	FEE
	NATIONAL S	IAGE FEES	SMALL ENT.	- 6 150	LARGE	E ENT. = \$ 300	ŀ	BASIC FEE		OR	BASIC FEE	300
	C FEE		Satisfies PCT Ar		All other situations =			EXAM. FEE			EXAM. FEE	
EXAN	MINATION FEE		(4) = \$50 / U.S. is ISA = \$	\$ 100		100 / \$ 200		EXAM. PEE			EXAIVI. 1 LL	200
SEAF	CH FEE		ALL other cou \$ 200 / \$			ner situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE I	FOR EXTRA SP	PEC. PGS.	minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTA	L CHARGEAB	LE CLAIMS	11 minus 20 = *					X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CLA	MS	minus 3 = *			7		X \$ 100 =		OR	X \$ 200 =	1400
MULT	TIPLE DEPEND	ENT CLAIM PRE	SENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						. 1	TOTAL		OR	TOTAL	<i>a3</i> 0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	14	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 124	Minus	** 2	Ö	= ()		X \$ 25 =		OR	X \$ 50 =	
	Independent	* 10	Minus	*** 1	0	= 0		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
-								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	1	X \$ 100 =		OR	X \$ 200 =	l
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
\vdash						-		TOTAL ADDIT		OR	TOTAL ADDIT	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												